

220855

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

DEC - 7 2009

TRANSPORTATION COVER SHEET

Horace Freeman
DBAORS
T.T.W.W.WDOCKET
NUMBER: 2009 - 509 - T

Charleston Taxi Cab

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Horace Freeman

Telephone: 843-830-7673

Address: 4328 Helene Dr

Fax: 843-767-0450

W. Charleston, SC

Other:

29418

Email:

NOTE: This cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class B Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☒ Request Expedite please☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:S. C. PUBLIC SERVICE COMMISSION
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DEC 15 2009
RECEIVED

COPY

Posted: 10/15/09

Dept: S.A.

Date: 12/18/09

Time: 10:55

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form...

Reset Form

jbs

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 11-16-2004

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Horace Freeman DBA Charleston Taxi Cab
4328 Helena Dr N. Charleston, SC 29418
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-830-7673 843-767-0452
Phone Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month NOV Year 09

Assets:

Cash	500.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	6000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	6500.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	6500.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

* Metered RATES
1.75 per mile ON Local Fares
2.15 per mile over 25 miles
10.00 surcharge For STATE Port A/F
10.00 surcharge For HOLIDAYS
5.00 surcharge For DEBIT CARDS
10.00 surcharge 11 PM TO 559 AM

Counties to be Served:

STATE WIDE

Maximum Number of Passengers per Vehicle:

7 passengers

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

Holmes Freeman DBA Charleston Taxi Cab
Name of Motor Carrier
4328 Helene Dr N. Charleston, SC 29418
Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 8000.00

Limits 500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Delos Insurance Company
Name of Insurance Company
1245 Celebration Blvd Florence SC 29501
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-16-2009 Jerry Pearson 843-407-4090
Date Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Horace Freeman DBA Charleston Taxi Cab
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWNR 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Charleston

*)

Harvey Freeman

Applicant's Signature

I, Harvey Freeman

Name of Applicant's Representative

OWNER

Title

of

Harvey Freeman DBA Charleston Taxi Cab

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Harvey Freeman

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 07 day of March, 20 09

[Signature]
Notary Public

Commission Expires 2-17-2009